

12/03/98

JC503 U.S. PTO

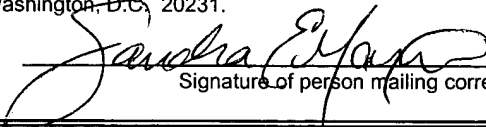
## Certificate of Mailing

Date of Deposit December 3, 1998Label Number: EE632489272US

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09/205658



12/03/98

## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number

00786/351004

Applicant

Gary Ruvkun et al.

Title

THERAPEUTIC AND DIAGNOSTIC TOOLS FOR IMPAIRED  
GLUCOSE TOLERANCE CONDITIONS

## PRIORITY INFORMATION:

This application is a continuation-in-part of PCT/US98/10080, filed May 15, 1998, which is a continuation-in-part of U.S.S.N. 08/888,534, filed July 7, 1997, and U.S.S.N. 08/857,076, filed May 15, 1997.

## APPLICATION ELEMENTS:

Cover sheet

1 pages

Specification

217 pages

Claims

5 pages

Abstract

1 pages

Drawing

69 pages

Combined Declaration and POA, which is:

2 pages

☒ Unsigned;☐ Newly signed for this application;☐ A copy from prior application [**\*\*SERIAL NUMBER\*\***] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.

Statement Deleting Inventors

0 pages

Sequence Statement

0 pages

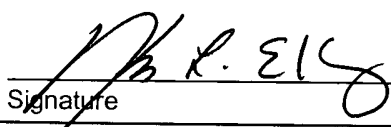
Sequence Listing on Paper

0 pages

Sequence Listing on Diskette

0 pages

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Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application <b>[**SERIAL NUMBER**]</b> and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 pages
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$760/\$380	\$ 380.00
Excess Claims Fee: 35 - 20 x \$9/\$18	\$ 135.00
Excess Independent Claims Fee: 11 - 3 x \$78/\$39	\$ 312.00
Multiple Dependent Claims Fee: \$260/\$130	\$ 130.00
Total Fees:	\$ 957.00
<input checked="" type="checkbox"/> Enclosed is a check for \$957.00 to cover the total fees. <input type="checkbox"/> Charge <b>[**AMOUNT**]</b> to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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